

City: _____ State: _____

**Civil Rights Enforcement and Compliance
Compliance Review Survey for Employees
Fiscal Year 2002**

The purpose of this survey is to obtain feedback from employees on civil rights within their respective program areas. You were randomly selected for participation in this survey. Your responses will not be associated with your name. Information about respondents such as race, gender, and grade level will be used as demographic data in the final report. If you are interested in being interviewed by telephone, please call Ardahlia G. Short on 1-800-372-7428, to arrange for your telephone interview. Ms. Short will either interview you or provide you with a call back date and time for your interview. If you wish to provide additional information to support your survey responses, please write comments on a separate sheet and return with survey. Please mail your completed survey in the envelope provided or FAX it to 301 734-3698.

Respondent Information

1. What is your Grade Level? _____
2. Where do you work City? _____ State _____
3. What is your race? _____ (Black, White, Hispanic, Asian/Pacific, American Indian)
4. What is your gender? Male ☐ Female ☐
5. How many years/months have you worked with APHIS? _____

What is your program assignment?

- ☐ Plant Protection and Quarantine
- ☐ Veterinary Services
- ☐ Wildlife Services
- ☐ Animal Care
- ☐ International Services
- ☐ Policy and Program Development
- ☐ Marketing and Regulatory Programs Business Services
- ☐ Legislative and Public Affairs

Section A - Affirmative Employment

Hiring

1. Were you hired as a permanent employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If no, what was your status before becoming a permanent employee? (i.e. Temp, Contractor, etc.)	
3. Were you hired from within the Federal Government?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. How did you learn about your current position:	
APHIS Recruiter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
USA JOBS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	

Performance

1. Did you receive a performance rating this year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2a. Were you evaluated on the "Pass" or "Fail" system?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2b. If yes, do you feel the "Pass" or "Fail" system is fair?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2c. Since being evaluated under the "Pass or Fail" system, have you received a cash award for your performance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you have a separate performance element for Civil Rights?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4a. Does this work unit have specific criteria for earning awards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4b. Do you know how to earn an award?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	

Training and Advancement

1a. Have you applied for a vacant position within APHIS in the past 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1b. If yes, were you interviewed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1c. If yes, were you selected for the position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2a. During the past two years, have you attended training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2b. If yes, what type of training did you attend?	
Job Related	Yes <input type="checkbox"/> No <input type="checkbox"/>
Career Development	Yes <input type="checkbox"/> No <input type="checkbox"/>
Civil Rights	Yes <input type="checkbox"/> No <input type="checkbox"/>
Customer Service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prevention of Workplace Violence	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	
3a. Do you have an IDP or a learning contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3b. If no, how do you discuss training needs?	
4a. During the last 2 years were you denied training?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4b. If yes, what type of training were you denied?	
Job Related	Yes <input type="checkbox"/> No <input type="checkbox"/>
Career Development	Yes <input type="checkbox"/> No <input type="checkbox"/>
Civil Rights	Yes <input type="checkbox"/> No <input type="checkbox"/>
Customer Service	Yes <input type="checkbox"/> No <input type="checkbox"/>
Prevention of Workplace Violence	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Harassment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	
Comments:	

Participation in Civil Rights Programs

1a. Is there an EEO Advisory Committee available to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1b. If yes, were you provided with an opportunity to serve on the EEO Advisory Committee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you have an EEO coordinator?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Are programs held in observance of special emphasis months where you work? (i.e. Hispanic Heritage Month, Native American Heritage Month, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4a. Do you receive EEO/Civil Rights information?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4b. If yes, how is EEO/Civil Rights information disseminated to you?	
Telephone	<input type="checkbox"/>
E-Mail	<input type="checkbox"/>
Fax	<input type="checkbox"/>
Mail	<input type="checkbox"/>
Staff Meeting	<input type="checkbox"/>
4c. From whom do you receive EEO/Civil Rights information?	
Comments:	

Promotions

1a. Have you been promoted in the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1b. Have you been eligible for promotion within the past 3 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2a. Are you at the maximum grade level for your position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2b. If no, what is the maximum grade level for your position?	
Comments:	

Section B - Employment Discrimination Complaints

1a. Does EEO discrimination take place where you work?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
1b. If yes, what type of discrimination is taking place?					
Race	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Religion	Yes <input type="checkbox"/>	No <input type="checkbox"/>
National Origin	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Age	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Color	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Marital Status	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sexual Harassment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. If the discrimination involved others, did they file an EEO Complaint?					Yes <input type="checkbox"/> No <input type="checkbox"/>

Section B - Employment Discrimination Complaints (Cont'd)

3a. If the discrimination involved you, would you file an EEO Complaint?		Yes <input type="checkbox"/> No <input type="checkbox"/>
3b. If no, why not?		
Don't like conflict?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
The system takes too long?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fear of reprisal?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Prefer to talk directly to the people involved?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:		
4. In your opinion will management address discrimination in the work place?		Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you feel free to bring discriminatory incidents to management's attention?		Yes <input type="checkbox"/> No <input type="checkbox"/>
6a. Do you feel that you are treated fairly, equitably, and with dignity and respect?		Yes <input type="checkbox"/> No <input type="checkbox"/>
6b. In your opinion, are minorities at your work site treated fairly, equitably and with dignity and respect?		Yes <input type="checkbox"/> No <input type="checkbox"/>
6c. In your opinion, are women at your work site treated fairly, equitably and with dignity and respect?		Yes <input type="checkbox"/> No <input type="checkbox"/>
7a. Have you read the Secretary's Civil Rights policy statement?		Yes <input type="checkbox"/> No <input type="checkbox"/>
7b. Have the policy statement been discussed with you by your Manager or Supervisor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
8a. Have you read the Administrator's Civil Rights policy statement?		Yes <input type="checkbox"/> No <input type="checkbox"/>
8b. Have the policy statement been discussed with you by your Manager or Supervisor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
9a. Have you read the Administrator's Sexual Harassment policy statement?		Yes <input type="checkbox"/> No <input type="checkbox"/>
9b. Have the policy statement been discussed with you by your Manager or Supervisor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Do you know that you could reach an APHIS EEO Counselor/Mediator toll free by calling 1-800-342-7231?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:		